



**STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF LABOR STANDARDS ENFORCEMENT**

v.	Plaintiff
Defendant	

Case No(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **FORM TO BE KEPT CONFIDENTIAL (if box checked)**

<b>REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES</b>
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1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
  2. Address: \_\_\_\_\_
  3. Person making request is: ☐ Plaintiff ☐ Attorney ☐ Employer ☐ Other: \_\_\_\_\_
  4. Dates accommodations needed (specify): \_\_\_\_\_
  5. Impairment necessitating accommodations (specify): \_\_\_\_\_  
\_\_\_\_\_
  6. Type of accommodations (specify): \_\_\_\_\_  
\_\_\_\_\_
  7. I request that my identity: ☐ be kept CONFIDENTIAL ☐ NOT be kept CONFIDENTIAL
- Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF REQUESTOR)